



## RELEASE OF CUSTOMER INFORMATION AUTHORIZATION FORM

**Complete this form if you (account holder) would like to have another person have access to your account**

**PURPOSE:** This Release of Customer Information Authorization Form allows a Village of Genoa City Utility account holder ("Account Holder") to delegate certain rights to an authorized party ("Authorized Party") concerning the account holder's service(s), including authorizing receipt of confidential customer account information. This form must be completed in its entirety and signed by the account holder or by someone who has legal authority to bind the account holder.

Account Information	
Account Holder:	Account # (office use)
Service Address:	Phone #
Account Holder Authorization	
The undersigned states that I am a Village of Genoa City account holder and hereby request and authorize the Village of Genoa City to release my utility customer account information to:	
Name:	Phone #
(if different than service address)	
Address:	
Scope of Access to my account information	
<input type="checkbox"/> <b>Limited Access</b> (Check all that apply)  <input type="checkbox"/> Usage and Financial Information Only <input type="checkbox"/> Usage and Financial Access <input type="checkbox"/> Facilities/Property Management Access	<input type="checkbox"/> <b>Full Access</b>  Authorized party may conduct any transactions and receive information regarding my utility account.
<b>This Authorization is valid for:</b> (if no time period is specified, the release will be limited to a one-time authorization)  <input type="checkbox"/> One-time only (authorized party is granted access one time) <input type="checkbox"/> One Year (authorized party is granted access for 12 months from date of execution of this form) <input type="checkbox"/> Date Specific (authorized party is granted access until _____ insert date) <input type="checkbox"/> Account Close (authorized party is granted access until the utility account is closed)	
Acknowledgement	
I understand that this Authorization does not require the Village of Genoa City to release information, and that the Village retains the right to verify any authorization request submitted before releasing information or taking any action. I hereby release, hold harmless, and indemnify the Village of Genoa City from any liability, claims, demands, and causes of action, damages, or expenses resulting from any release of information pursuant to this Authorization; the unauthorized use of this information by the Authorized Party; and any actions taken by the Authorized Party pursuant to this Authorization.	
I understand that I may cancel this Authorization at any time by notifying the Village of Genoa City in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.	
Signature of Account Holder: _____ Date: _____	

Office Use Only:	
Date Received:	Received By: